



OUTGOING SHIPMENT FORM

UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

To be filled out by Department

ALL INFORMATION UNDER TO, FROM, AND BILL TO MUST BE FILLED OUT PRIOR TO SENDING WITH PACKAGE

OUTGOING SHIPMENT NO.
For Receiving Use Only

Date	Vendor Return Authorization or Call Tag		
TO	Name	Dept. Name	
	Address	Slot No.	Contact Person/Phone And Ext.
	City State	Bill to: Fund & Center # / OR Dept. Acct # / OR Recipient # (enter one)	
	Zip Code		
FROM			

Reason for Return of Item(s) Listed

- | | |
|---|---|
| <input type="checkbox"/> 1. Repair | <input type="checkbox"/> 4. Incorrect Item Received |
| <input type="checkbox"/> 2. Return for Credit | <input type="checkbox"/> 5. Damaged or Defective |
| <input type="checkbox"/> 3. Return to Lender/Renter | <input type="checkbox"/> 6. Product Recall |
| 7. Other _____ | |

QUANTITY	UNIT	UAMS TAG NO.	DESCRIPTION/SERIAL NO.	ORIGINAL P.O. NO.	REASON FOR RETURN	UNIT PRICE	AMOUNT

Shipping Priority (Check One) <input type="checkbox"/> 1. UPS <input type="checkbox"/> 2. Other	Insured Amount	Dept. Signature
(Check One) <input type="checkbox"/> 1. 2nd Day <input type="checkbox"/> 2. Ground	<input type="checkbox"/> Hazardous Material? If check, please contact OHS (501-686-5536) for more information.	

Special Instructions or Comments

DO NOT WRITE BELOW THIS LINE

Shipper Tracking #	Distribution Services Signature
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Received by Carrier or Vendor	Date
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Department please keep a copy for your files
Copy to Property Services, M/S 759 if UAMS tagged property
Copy will be sent with package by Distribution Services